### Case 18-19735 Doc 1 Filed 07/13/18 Entered 07/13/18 17:25:09 Desc Main Document Page 1 of 46

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1:              | Identify Yourself   |  |   |
|----|--------------------|---|--|---|
|    |                    |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You                | r full name   |  |   |
|    | Writ               | e the name that is on   | Salvador                                 |   |
|    | pictu              | ur government-issued<br>cture identification (for<br>ample, your driver's                                     | First name                               | First name                                    |
|    | licer              | nse or passport).   | Middle name                              | Middle name                                   |
|    | Brin               | g your picture  | Castaneda                                |   |
|    |                    | tification to your sting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|    |                    |   |  |   |
| 2. |                    | other names you have d in the last 8 years  |  |   |
|    |                    | ude your married or<br>den names.   |  |   |
| 3. | you<br>nun<br>Indi | y the last 4 digits of<br>r Social Security<br>nber or federal<br>vidual Taxpayer<br>ntification number<br>N) | xxx-xx-5510                              |   |

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Case number (if known)

Debtor 1 Salvador Castaneda

|  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|--|---|--|--|--|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |  |  |
| Where you live   |   | If Debtor 2 lives at a different address:  |  |  |
|  | 1960 Park Ave Hanover Park, IL 60133  Number, Street, City, State & ZIP Code  Cook  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.   |  |  |
|  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| Why you are choosing this district to file for bankruptcy  | <ul> <li>Check one:</li> <li>■ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</li> <li>□ I have another reason. Explain. (See 28 U.S.C. § 1408.)</li> </ul>               | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |
|  | Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names  Where you live  Why you are choosing this district to file for   | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names  Business name(s)  Business name(s)  Business name(s)  Business name(s)  Business name(s)  Business name or EINs.  Business name or Elis.  Business na |  |  |

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Document Case number (if known) Debtor 1 Salvador Castaneda

| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                     |   |  |  |  |  |
|-----|---|---|-------------------------------------|---|--|--|--|--|
|     | choosing to file under  | ■ Ch  | napter 7                            |   |  |  |  |  |
|     |   | ☐ Ch  | napter 11                           |   |  |  |  |  |
|     |   | ☐ Ch  | napter 12                           |   |  |  |  |  |
|     |   | □ Ch  | napter 13                           |   |  |  |  |  |
| 8.  | How you will pay the fee  |   | about how you                       | nay pay. Typically, if you are paying the fee<br>orney is submitting your payment on your b | neck with the clerk's office in your local court for more details<br>yourself, you may pay with cash, cashier's check, or money<br>ehalf, your attorney may pay with a credit card or check with |  |  |  |
|     |   |   |                                     |   | otion, sign and attach the Application for Individuals to Pay  |  |  |  |
|     |   |   | -                                   | n Installments (Official Form 103A).  Ny fee he waived (You may request this on             | tion only if you are filing for Chapter 7. By law, a judge may,  |  |  |  |
|     |   |   | but is not requi<br>applies to your | d to, waive your fee, and may do so only if amily size and you are unable to pay the fe     | your income is less than 150% of the official poverty line that e in installments). If you choose this option, you must fill out official Form 103B) and file it with your petition.             |  |  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ■ No.   |                                     |   |  |  |  |  |
|     |   |   | District                            | When  | Case number  |  |  |  |
|     |   |   | District                            | When  | Case number  |  |  |  |
|     |   |   | District                            | When  | Case number  |  |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No  | 1                                   |   |  |  |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes   | s.                                  |   |  |  |  |  |
|     |   |   | Debtor                              |   | Relationship to you  |  |  |  |
|     |   |   | District                            | When  | Case number, if known  |  |  |  |
|     |   |   | Debtor                              |   | Relationship to you  |  |  |  |
|     |   |   | District                            | When  | Case number, if known  |  |  |  |
| 11. | Do you rent your residence?   | ■ No.   | . Go to lin                         | 12.   |  |  |  |  |
|     | residence :   | ☐ Yes   | s. Has you                          | andlord obtained an eviction judgment aga   | inst you?  |  |  |  |
|     |   |   | _ ,                                 | . Go to line 12.  |  |  |  |  |
|     |   |   | □ N                                 | . 00 10 1110 12.  |  |  |  |  |

Debtor 1 Salvador Castaneda Document Page 4 of 46 Case number (if known)

| Par   | Report About Any Bu   | sinesses | You Owr  | as a Sole Proprieto  | or   |  |  |  |  |
|---|---|----------|--|--|--|--|--|--|--|
| 12.   | Are you a sole proprietor of any full- or part-time business?   | ■ No.    | Go to  | Part 4.  |  |  |  |  |  |
|   |   | ☐ Yes.   | Name   | and location of busi   | ness   |  |  |  |  |
|   | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |          | Name of business, if any  Number, Street, City, State & ZIP Code |  |  |  |  |  |  |
|   | If you have more than one sole proprietorship, use a separate sheet and attach  |          | e & ZIP Code   |  |  |  |  |  |  |
|   | it to this petition.  |          | Chec   | k the appropriate box  | to describe your business:   |  |  |  |  |
|   |   |          |  | Health Care Busine   | ess (as defined in 11 U.S.C. § 101(27A))   |  |  |  |  |
|   |   |          |  | Single Asset Real I  | Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |  |  |
|   |   |          |  | Stockbroker (as de   | efined in 11 U.S.C. § 101(53A))  |  |  |  |  |
|   |   |          |  | Commodity Broker   | (as defined in 11 U.S.C. § 101(6))   |  |  |  |  |
|   |   |          |  | None of the above  |  |  |  |  |  |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following the following the court must know whether you are a small business debtor so that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance she in 11 U.S.C. 1116(1)(B). |   |          |  |  |  |  |  |  |  |
|   | For a definition of small   | No.      | I am r   | not filing under Chapt   | ier 11.  |  |  |  |  |
|   | business debtor, see 11 U.S.C. § 101(51D).  | □ No.    |  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |  |  |
|   |   | ☐ Yes.   | l am f   | iling under Chapter 1  | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |  |
| Pari  | 4: Report if You Own or   | Have Any | / Hazardo  | ous Property or Any  | Property That Needs Immediate Attention  |  |  |  |  |
| 14.   | Do you own or have any  | ■ No.    |  |  |  |  |  |  |  |
|   | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | ☐ Yes.   | What is  | the hazard?  |  |  |  |  |  |
|   | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |          |  | diate attention is why is it needed?   |  |  |  |  |  |
|   | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |          | Where is   | s the property?  |  |  |  |  |  |
|   |   |          |  |  | Number, Street, City, State & Zip Code   |  |  |  |  |

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Debtor 1 Salvador Castaneda

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 46 Case number (if known) Debtor 1 Salvador Castaneda Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to **□** \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Salvador Castaneda Signature of Debtor 2 Salvador Castaneda Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on July 13, 2018

MM / DD / YYYY

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Debtor 1 Salvador Castaneda

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Case number (if known)

| /s/ Rayed Yasin                        | Date          | July 13, 2018               |
|--|---------------|-----------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY              |
| Rayed Yasin                            |               |                             |
| Printed name                           |               |                             |
| VLO PC                                 |               |                             |
| Firm name                              |               |                             |
| 6732 Cermak                            |               |                             |
| Berwyn, IL 60402                       |               |                             |
| Number, Street, City, State & ZIP Code |               |                             |
| Contact phone 312-600-7000             | Email address | ryasin@victorylawoffice.com |
| 6284297 IL                             |               |                             |
| Bar number & State                     |               |                             |

|                      | Docume                                | ent Page 8 of 46   |   |   |  |
|----------------------|---------------------------------------|--|---|---|--|
| n to identify your c | ase:                                  |  |   |   |  |
| alvador Castane      | da                                    |  |   |   |  |
| st Name              | Middle Name                           | Last Name  |   |   |  |
|                      |                                       |  |   |   |  |
| st Name              | Middle Name                           | Last Name  |   |   |  |
| tcy Court for the:   | NORTHERN DISTRICT                     | OF ILLINOIS  |   |   |  |
|                      |                                       |  |   |   |  |
|                      |                                       |  |   |   | Check if this is an amended filing   |
|                      | · · · · · · · · · · · · · · · · · · · | n to identify your case:  alvador Castaneda st Name Middle Name  st Name Middle Name | n to identify your case:  alvador Castaneda st Name Middle Name Last Name st Name Middle Name Last Name | alvador Castaneda st Name Middle Name Last Name st Name Middle Name Last Name | alvador Castaneda st Name Middle Name Last Name st Name Middle Name Last Name tcy Court for the: NORTHERN DISTRICT OF ILLINOIS |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

## Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 180.000.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 1,365.00 1c. Copy line 63, Total of all property on Schedule A/B..... 181,365.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 162.348.82 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 47,776.00 Your total liabilities 210,124.82 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 4,762.00 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 4,900.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

the court with your other schedules.

Official Form 106Sum

Summary of You

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_5,446.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clair | m    |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|             | Out             | 00 10 1010  | 5 B00 I                |               | ument  | Page 10 of 46  | 10 17.20   | .00 DC.                         | 30 Man   |
|-------------|-----------------|---|------------------------|---------------|--|--|--|---------------------------------|--|
| Fill        | in this inform  | ation to identify                                       | your case and th       | nis filing    | j:   |  |  |                                 |  |
| Deb         | tor 1           | Salvador Ca   |                        | e Name        |  | Last Name  |  |                                 |  |
| Deb         | tor 2           | T iiot Namo   | Middle                 | rtamo         |  | Last Name  |  |                                 |  |
| (Spot       | use, if filing) | First Name  | Middle                 | Name          |  | Last Name  |  |                                 |  |
| Unit        | ed States Ban   | kruptcy Court for                                       | the: NORTHER           | N DIST        | RICT OF ILLI                                 | NOIS   |  |                                 |  |
| Cas         | e number        |   |                        |               |  | _  |  |                                 | ☐ Check if this is an amended filing                 |
| _           |                 | m 106A/E  | -                      |               |  |  |  |                                 |  |
|             |                 | e A/B: Pi   |                        |               |  | an asset fits in more than o   |  |                                 | 12/15  |
| Part  1. Do | 1: Describe E   | ion.<br>Each Residence, Bo<br>ave any legal or eq<br>2. | uilding, Land, or Ot   | her Real      | Estate You O                                 | ne top of any additional pag<br>wn or Have an Interest In<br>I, land, or similar property? | es, write your r   | name and case                   | e number (if known).                                 |
| 1.1         |                 |   |                        | What          | is the propert                               | y? Check all that apply  |  |                                 |  |
|             | 1960 Park       | <b>Ave</b><br>available, or other des                   | cription               |               | Condominium or cooperative                   |  | Do not deduct secured claims or exemption the amount of any secured claims on Scheo Creditors Who Have Claims Secured by Pro |                                 |  |
|             | Hanover Pa      | ark IL State  | 60133-0000<br>ZIP Code |               | Manufactured Land Investment p               | d or mobile home   | Current va<br>entire prop<br>\$18  |                                 | Current value of the portion you own? \$180,000.00   |
|             |                 |   |                        | □<br>□<br>Who | Timeshare Other has an interes Debtor 1 only | et in the property? Check one  | _ (such as fe  | ee simple, ten<br>e), if known. | our ownership interest<br>ancy by the entireties, or |
|             | Cook            |   |                        |               | -  |  |  | -                               |  |
|             | County          |   |                        |               | At least one of                              | Debtor 2 only of the debtors and another you wish to add about this if ion number:         | (see ins   | structions)                     | munity property                                      |
| Part        | pages you ha    | our Vehicles  | Part 1. Write that     | numbe         | r here                                       | from Part 1, including ar  |  | .=>                             | \$180,000.00   |
| some        | eone else drive | es. If you lease a                                      |                        | rt it on S    | Schedule G: E                                | whether they are registe<br>Executory Contracts and U                                      |  |                                 | chicles you own that                                 |

Official Form 106A/B Schedule A/B: Property page 1

|    |                | Case 18-19   | 735       | Doc 1           |  | Entered 07/13/18 17   | 25:09         | Desc Main   |
|----|----------------|--|-----------|-----------------|--|---|---------------|---|
| D  | ebtor 1        | Salvador Casta   | aneda     |                 | Document                                       | Page 11 of 46 Case number   | er (if known) |   |
| 4. |                |  |           |                 |  | cles, other vehicles, and accesso<br>owmobiles, motorcycle accessorie |               |   |
|    | ■ No           |  |           |                 |  |   |               |   |
|    | ☐ Yes          |  |           |                 |  |   |               |   |
|    |                |  |           |                 |  |   |               |   |
| 5  |                |  |           |                 |  | om Part 2, including any entries                                      |               | \$0.00  |
| Р  | art 3: Des     | scribe Your Personal   | and Ho    | usehold Items   | <b>3</b>                                       |   |               |   |
|    |                |  |           |                 | est in any of the follow                       | ing items?  |               | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. |                | old goods and furres: Major appliances                         |           |                 | ina, kitchenware                               |   |               | ·   |
|    | Yes.           | Describe   |           |                 |  |   |               |   |
|    |                | G  | Senera    | l items of h    | ousehold goods an                              | d furnishinas   |               | \$400.00  |
|    |                |  |           |                 | <b>3</b>                                       |   |               |   |
| 7. | _ `            | es: Televisions and  |           |                 | stereo, and digital equip<br>ia players, games | ment; computers, printers, scanne                                     | ers; music c  | ollections; electronic devices  |
|    | ■ No<br>□ Yes. | Describe   |           |                 |  |   |               |   |
| 8. | Example        | oles of value<br>es: Antiques and fig<br>other collections     |           |                 |  | oks, pictures, or other art objects; s                                | tamp, coin,   | or baseball card collections;   |
|    | ■ No<br>□ Yes. | Describe   |           |                 |  |   |               |   |
| 9. |                | ent for sports and<br>es: Sports, photogra<br>musical instrume | aphic, ex |                 | other hobby equipment; I                       | picycles, pool tables, golf clubs, sk                                 | is; canoes a  | and kayaks; carpentry tools;  |
|    |                | Describe   |           |                 |  |   |               |   |
| 10 | _ ′            |  | hotguns   | s, ammunition   | , and related equipment                        |   |               |   |
|    | ■ No<br>□ Yes. | Describe   |           |                 |  |   |               |   |
| 11 | □ No É         | les: Everyday cloth  | es, furs, | , leather coats | s, designer wear, shoes,                       | accessories   |               |   |
|    | ■ Yes.         | Describe   |           |                 |  |   |               |   |
|    |                | G  | Senera    | l items of w    | vearing apparel                                |   |               | \$300.00  |
| 12 | ■ No           | les: Everyday jewel  | ry, cost  | ume jewelry,    | engagement rings, wed                          | ding rings, heirloom jewelry, watch                                   | es, gems, g   | jold, silver  |
|    | ☐ Yes.         | Describe   |           |                 |  |   |               |   |
| 13 |                | rm animals<br>les: Dogs, cats, bird                            | ds, hors  | es              |  |   |               |   |
|    |                | Describe   |           |                 |  |   |               |   |

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|--|---|---|--|--|---|
| Debto                                      | Salvador Castaneda  |   | Document   | Case number (if known)   |   |
| 14. <b>A</b> ı                             | ny other personal and househ  | old items you   | ı did not already list, ir   | ncluding any health aids you did not list  |   |
|  | No  |   |  |  |   |
| Ц  | Yes. Give specific information  |   |  |  |   |
| 45   | A dd tha dallan walvo af all af w   | t f   | ana Dant 2 in abadinan ar  | over anticipation of an analysis of the standard   |   |
|  | add the dollar value of all of y<br>for Part 3. Write that number h   |   |  | ny entries for pages you have attached   | \$700.00                                |
|  |   |   |  |  |   |
| Part 4                                     | Describe Your Financial Assets  | i   |  |  |   |
| Do yo                                      | ou own or have any legal or ed  | quitable inter  | est in any of the follow   | ing?   | Current value of the                    |
|  |   |   |  |  | portion you own?  Do not deduct secured |
|  |   |   |  |  | claims or exemptions.                   |
| 16. <b>C</b> a                             |   |   |  |  |   |
|  |   | ur wallet, in yo  | our home, in a safe depo   | sit box, and on hand when you file your petition   | on                                      |
|  | Yes   |   |  |  |   |
| _  | 103   |   |  |  |   |
|  |   |   |  | Cash   | \$65.00                                 |
|  |   |   |  |  |   |
|  | eposits of money  | other financia  | Lagounto: portificatos a   | f deposit; shares in credit unions, brokerage h  | acuses and other similar                |
|  |   |   | ounts with the same ins  |  | louses, and other similar               |
|  | No  |   | Land Charles   |  |   |
|  | Yes   |   | Institution n  | ame:   |   |
|  | 4-1   | 011-1   | Chasa Ba   | m le   | ¢600.00                                 |
|  | 17.1.   | Checking  | Chase Ba   | nk   | \$600.00                                |
|  |   |   |  |  |   |
|  | onds, mutual funds, or publicl<br>Examples: Bond funds, investme  |   |  | ey market accounts   |   |
|  | No  |   | <b>3</b> ,   | ,  |   |
|  | Yes   | nstitution or is  | suer name:   |  |   |
| 19. <b>N</b> o                             | on-publicly traded stock and i  | nterests in in  | corporated and uninco  | orporated businesses, including an interes   | t in an LLC, partnership, and           |
| jo   | pint venture  |   | ·  |  |   |
|  | No  | 1   |  |  |   |
| ш  | Yes. Give specific information a<br>Nam   | about them<br>ne of entity:   |  | % of ownership:  |   |
| 20. 6                                      |   | •   | negetiable and neg ne  | ·  |   |
|  | overnment and corporate bon<br>legotiable instruments include p   |   |  | nissory notes, and money orders.   |   |
|  | lon-negotiable instruments are t  | hose you canr   | not transfer to someone  | by signing or delivering them.   |   |
|  | No  |   |  |  |   |
|  | Van Otera amanifia information a  |   |  |  |   |
| _  | Yes. Give specific information a<br>Issu  |   |  |  |   |
|  | Issu  | er name:  |  |  |   |
| 21. <b>R</b> c                             | lssu  | er name:  | (k) 403(b) thrift saving   | s accounts, or other pension or profit-sharing   | plans                                   |
| 21. <b>R</b> (                             | lssu  | er name:  | (k), 403(b), thrift saving   | s accounts, or other pension or profit-sharing   | plans                                   |
| 21. <b>R</b> e                             | Issu<br>etirement or pension accounts<br>examples: Interests in IRA, ERIS   | er name:<br>s<br>A, Keogh, 401  | (k), 403(b), thrift saving   | s accounts, or other pension or profit-sharing   | plans                                   |
| 21. <b>R</b> e                             | Issu<br>etirement or pension accounts<br>examples: Interests in IRA, ERIS<br>No<br>Yes. List each account separate  | er name:<br>s<br>A, Keogh, 401  | (k), 403(b), thrift saving<br>Institution n  |  | plans                                   |
| 21. <b>R</b> c E □ □                       | Issu etirement or pension accounts examples: Interests in IRA, ERIS No Yes. List each account separate Type o   | er name: s A, Keogh, 401 ely. f account: ents                                 | Institution n  | ame:   | plans                                   |
| 21. <b>R</b> c E ■ □ □ 22. <b>S</b> c Y    | Issu etirement or pension accounts examples: Interests in IRA, ERIS No Yes. List each account separate Type of ecurity deposits and prepayme four share of all unused deposits                                  | er name:  S A, Keogh, 401  ely. f account:  ents s you have ma                | Institution n  | ame: inue service or use from a company  |   |
| 21. Ro                                     | Issu etirement or pension accounts examples: Interests in IRA, ERIS No Yes. List each account separate Type of ecurity deposits and prepayme four share of all unused deposits                                  | er name:  S A, Keogh, 401  ely. f account:  ents s you have ma                | Institution n  | ame:   |   |
| 21. Ro                                     | etirement or pension accounts examples: Interests in IRA, ERIS No Yes. List each account separate Type of ecurity deposits and prepayme our share of all unused deposits examples: Agreements with land         | er name:  S A, Keogh, 401  ely. f account:  ents s you have ma                | Institution n de so that you may contrent, public utilities (elec  | ame: inue service or use from a company  |   |
| 21. Re E                                   | etirement or pension accounts examples: Interests in IRA, ERIS No Yes. List each account separate Type of ecurity deposits and prepayme four share of all unused deposits examples: Agreements with land No Yes | er name:  S A, Keogh, 401  Ely. If account:  ents S you have malords, prepaid | Institution n de so that you may contrent, public utilities (elec  | ame:  inue service or use from a company  tric, gas, water), telecommunications compar  ame or individual: |   |
| 21. Re E  22. Se  Y  E  23. Ai             | etirement or pension accounts examples: Interests in IRA, ERIS No Yes. List each account separate Type of ecurity deposits and prepayme four share of all unused deposits examples: Agreements with land        | er name:  S A, Keogh, 401  Ely. If account:  ents S you have malords, prepaid | Institution n de so that you may contrent, public utilities (elec  | ame:  inue service or use from a company  tric, gas, water), telecommunications compar  ame or individual: |   |
| 21. Re E E E E E E E E E E E E E E E E E E | etirement or pension accounts examples: Interests in IRA, ERIS No Yes. List each account separate Type of ecurity deposits and prepayme our share of all unused deposits examples: Agreements with land No Yes  | er name:  S A, Keogh, 401  Ely. If account:  ents S you have malords, prepaid | Institution n de so that you may cont rent, public utilities (elec- Institution n money to you, either for | ame:  inue service or use from a company  tric, gas, water), telecommunications compar  ame or individual: |   |

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Case number (if known) Document Debtor 1 Salvador Castaneda 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No

☐ Yes. Describe each claim.......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

☐ Yes. Describe each claim.......

| Dahta          | Case 18-19735   |                             | )7/13/18<br>ıment | Entered 0<br>Page 14 of | 7/13/18 17:25:09<br>46   | Desc Main               |
|----------------|---|-----------------------------|-------------------|-------------------------|--------------------------|-------------------------|
| Debto          | Salvador Castaneda  |                             |                   |                         | Case number (if known)   |                         |
|                | ny financial assets you did not                                   | already list                |                   |                         |                          |                         |
|                | No  |                             |                   |                         |                          |                         |
| Ц              | Yes. Give specific information                                    |                             |                   |                         |                          |                         |
|                | Add the dollar value of all of your part 4. Write that number he  | -                           | •                 |                         | •                        | \$665.00                |
| Part 5         | : Describe Any Business-Related                                   | Property You Own or Hav     | e an Interest     | In. List any real esta  | ate in Part 1.           |                         |
| 37. <b>Do</b>  | you own or have any legal or equi                                 | table interest in any busir | ess-related p     | roperty?                |                          |                         |
| <b>I</b>       | No. Go to Part 6.   |                             |                   |                         |                          |                         |
|                | es. Go to line 38.  |                             |                   |                         |                          |                         |
|                |   |                             |                   |                         |                          |                         |
| Part 6         | Describe Any Farm- and Commonlf you own or have an interest in fa |                             | perty You Ow      | n or Have an Interes    | st In.                   |                         |
| 46. <b>D</b> e | o you own or have any legal or                                    | equitable interest in a     | ny farm- or       | commercial fishir       | g-related property?      |                         |
|                | No. Go to Part 7.   | •                           | -                 |                         |                          |                         |
|                | Yes. Go to line 47.   |                             |                   |                         |                          |                         |
|                |   |                             |                   |                         |                          |                         |
| Part 7         | Describe All Property You   | Own or Have an Interest in  | That You Di       | d Not List Above        |                          |                         |
| 53. <b>D</b> o | o you have other property of a                                    | ny kind you did not alro    | eady list?        |                         |                          |                         |
|                | xamples: Season tickets, country                                  |                             | •                 |                         |                          |                         |
| _              | No  |                             |                   |                         |                          |                         |
| Ц              | Yes. Give specific information                                    |                             |                   |                         |                          |                         |
| 54.            | Add the dollar value of all of yo                                 | our entries from Part 7.    | Write that r      | umber here              |                          | \$0.00                  |
|                | ,,  |                             |                   |                         |                          |                         |
| Part 8         | List the Totals of Each Part                                      | of this Form                |                   |                         |                          |                         |
| 55 I           | Part 1: Total real estate, line 2                                 |                             |                   |                         |                          | ¢190 000 00             |
|                | Part 2: Total vehicles, line 5                                    |                             |                   | \$0.00                  |                          | \$180,000.00            |
|                | Part 3: Total personal and hou                                    | sehold items. line 15       | _                 | \$700.00                |                          |                         |
|                | Part 4: Total financial assets, li                                |                             | _                 | \$665.00                |                          |                         |
|                | Part 5: Total business-related                                    |                             | _                 | \$0.00                  |                          |                         |
|                | -Part 6: Total farm- and fishing                                  |                             | 2                 | \$0.00                  |                          |                         |
| 61. <b>I</b>   | Part 7: Total other property no                                   | t listed, line 54           | +                 | \$0.00                  |                          |                         |
| 62. <b>-</b>   | Total personal property. Add lir                                  | nes 56 through 61           |                   | \$1,365.00              | Copy personal property t | otal <b>\$1,365.0</b> 0 |
| 63.            | Total of all property on Schedu                                   | ıle A/B. Add line 55 + lin  | e 62              |                         |                          | \$181,365.00            |

Official Form 106A/B Schedule A/B: Property page 5

|                     |                          | I A A A A A A A A A A A A A A A A A A A | · · · · · · · · · · · · · · · · · · · |  |
|---------------------|--------------------------|---|---------------------------------------|--|
| Fill in this infor  | mation to identify your  | case:                                   |                                       |  |
| Debtor 1            | Salvador Castane         | eda                                     |                                       |  |
|                     | First Name               | Middle Name                             | Last Name                             |  |
| Debtor 2            |                          |   |                                       |  |
| (Spouse if, filing) | First Name               | Middle Name                             | Last Name                             |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT                       | OF ILLINOIS                           |  |
| Case number         |                          |   |                                       |  |
| (if known)          |                          |   |                                       |  |
|                     |                          |   |                                       |  |
|                     |                          |   |                                       |  |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. <b>Wh</b> | ich set of exemptions are | you claiming? Cl | heck one only, eve | en if your spouse | e is filing wit | h you. |
|--------------|---------------------------|------------------|--------------------|-------------------|-----------------|--------|
|--------------|---------------------------|------------------|--------------------|-------------------|-----------------|--------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Copy the value from Check only one box for each exemption. Schedule A/B                            |       |
|--|-------|
|  |       |
| 1960 Park Ave Hanover Park, IL \$180,000.00 \$15,000.00 735 ILCS 5/12-90                           | 1     |
| Line from Schedule A/B: 1.1  100% of fair market value, up to any applicable statutory limit       |       |
| General items of household goods \$400.00 \$400.00 \$735 ILCS 5/12-10                              | 01(b) |
| Line from Schedule A/B: <b>6.1</b> 100% of fair market value, up to any applicable statutory limit |       |
| General items of wearing apparel Line from Schedule A/B: 11.1  \$300.00                            | 01(a) |
| 100% of fair market value, up to any applicable statutory limit                                    |       |
| Cash Line from Schedule A/B: 16.1 \$65.00  \$65.00  \$65.00  \$735 ILCS 5/12-10                    | 01(b) |
| 100% of fair market value, up to any applicable statutory limit                                    |       |
| Checking: Chase Bank Line from Schedule A/B: 17.1  \$600.00  \$600.00  \$600.00  735 ILCS 5/12-10  | 01(b) |
| 100% of fair market value, up to any applicable statutory limit                                    |       |

Case 18-19735 Filed 07/13/18 Desc Main Entered 07/13/18 17:25:09 Document Page 16 of 46 Debtor 1 Salvador Castaneda Case number (if known) 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Doc 1

Yes

|                 | Case 18-19735                                  |  | ntered<br>ne 17 | 07/13/18 17::<br>of 46                                 | 25:09 Desc N                                 | 1ain                        |
|-----------------|--|--|-----------------|--|--|-----------------------------|
| Filli           | n this information to identify you             |  |                 |  |  |                             |
| Deb             | tor 1 Salvador Casta First Name                | neda Middle Name Last N  | lame            |  |  |                             |
|                 | tor 2 se if, filing) First Name                | Middle Name Last N   | lame            |  |  |                             |
| Unit            | ed States Bankruptcy Court for the             | NORTHERN DISTRICT OF ILLINOIS  |                 |  |  |                             |
| Case<br>(if kno | e number<br>                                   |  |                 |  |  | if this is an<br>ded filing |
|                 | cial Form 106D<br>hedule D: Creditors          | Who Have Claims Sec  | ured            | by Propert   | y  | 12/15                       |
| s nee           |  | If two married people are filing together, botl<br>out, number the entries, and attach it to this    |                 |  |  |                             |
| 1. Do           | any creditors have claims secured b            | y your property?   |                 |  |  |                             |
| ı               | $\square$ No. Check this box and submit t      | his form to the court with your other sched  | ules. You       | ı have nothing else t                                  | o report on this form.                       |                             |
| ı               | Yes. Fill in all of the information            | below.   |                 |  |  |                             |
| Part            | 1: List All Secured Claims                     |  |                 |  |  |                             |
|                 |  | more than one secured claim, list the creditor se  | narately        | Column A   | Column B                                     | Column C                    |
| for ea          | ach claim. If more than one creditor has       | s a particular claim, list the other creditors in Par<br>cal order according to the creditor's name. |                 | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any    |
| 2.1             | Chase  | Describe the property that secures the clai  | m:              | \$162,348.82   | \$180,000.00                                 | \$0.00                      |
|                 | Creditor's Name                                | 1960 Park Ave Hanover Park, IL<br>60133 Cook County  |                 |  |  |                             |
|                 | PO Box 9001871<br>Louisville, KY 40290         | As of the date you file, the claim is: Check al apply.  Contingent                                   | I that          |  |  |                             |
|                 | Number, Street, City, State & Zip Code         | Unliquidated   |                 |  |  |                             |
| Who             | owes the debt? Check one.                      | ☐ Disputed  Nature of lien. Check all that apply.  |                 |  |  |                             |
|                 | ebtor 1 only                                   | ■ An agreement you made (such as mortgage  | ge or secur     | red  |  |                             |
|                 | ebtor 2 only                                   | car loan)  |                 |  |  |                             |
|                 | ebtor 1 and Debtor 2 only                      | ☐ Statutory lien (such as tax lien, mechanic's   | lien)           |  |  |                             |
|                 | t least one of the debtors and another         | ☐ Judgment lien from a lawsuit   |                 |  |  |                             |
|                 | heck if this claim relates to a community debt | Other (including a right to offset)  |                 |  |  |                             |
| Date            | debt was incurred                              | Last 4 digits of account number  | 7570            |  |  |                             |
| Αd              | d the dollar value of your entries in C        | olumn A on this page. Write that number her  | e:              | \$162.34   | 8.82   |                             |

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$162,348.82

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|   | 0000 10 10700 2   | Document   | Page 18          | R of 46  | DCSO Main                       |
|---|---|--|------------------|--|---------------------------------|
| Fill in this                              | information to identify your o  |  |                  |  |                                 |
| Debtor 1                                  | Salvador Castane  | da   |                  |  |                                 |
| Dobto: 1                                  | First Name  | Middle Name  | Last Name        |  |                                 |
| Debtor 2                                  |   |  |                  |  |                                 |
| (Spouse if, filing                        | g) First Name   | Middle Name  | Last Name        |  |                                 |
| United State                              | es Bankruptcy Court for the:  | NORTHERN DISTRICT OF ILL   | INOIS            |  |                                 |
| Case numb                                 | er  |  |                  |  |                                 |
| (if known)                                |   |  |                  |  | ☐ Check if this is an           |
|   |   |  |                  |  | amended filing                  |
| Official F                                | Form 106E/F   |  |                  |  |                                 |
|   |   | ho Have Unsecured  | Claime           |  | 12/15                           |
|   |   |  |                  | Part 2 for creditors with NONPRIORIT   |                                 |
| Schedule D: eft. Attach the name and case | Creditors Who Have Claims Secune Continuation Page to this pages number (if known). | ured by Property. If more space is n<br>e. If you have no information to rep | eeded, copy t    | any creditors with partially secured on the Part you need, fill it out, number to the top of any on the top of any on the top of any of the top of th | he entries in the boxes on the  |
|   | List All of Your PRIORITY Un  |  |                  |  |                                 |
|   | creditors have priority unsecured   | d claims against you?  |                  |  |                                 |
|   | Go to Part 2.   |  |                  |  |                                 |
| Yes.                                      | ' All Vous NONDDIODIT   | V II   |                  |  |                                 |
|   | ist All of Your NONPRIORIT  |  |                  |  |                                 |
| _   | creditors have nonpriority unsec  | <u> </u>   |                  |  |                                 |
| ⊔ No. Y                                   | ou have nothing to report in this pa  | art. Submit this form to the court with y                                    | our other sche   | edules.  |                                 |
| Yes.                                      |   |  |                  |  |                                 |
| unsecure                                  | ed claim, list the creditor separately  | for each claim. For each claim listed,                                       | identify what t  | holds each claim. If a creditor has mo<br>ype of claim it is. Do not list claims alrea<br>three nonpriority unsecured claims fill o  | ady included in Part 1. If more |
|   |   |  |                  |  | Total claim                     |
| 4.1 <b>Ba</b>                             | nk Of The West  | Last 4 digits of acco  | ount number      | 9881   | \$12,603.00                     |
|   | priority Creditor's Name  |  |                  | One and 40/46 Least Active   |                                 |
|   | n: Bankruptcy<br>0 Montgomery Street 25th   | Floor When was the debt  | incurred?        | Opened 10/16 Last Active 2/26/18   |                                 |
|   | n Francisco, CA 94104   |  |                  |  |                                 |
|   | nber Street City State Zlp Code   | As of the date you fi  | ile, the claim i | s: Check all that apply  |                                 |
| _   | o incurred the debt? Check one.   |  |                  |  |                                 |
|   | Debtor 1 only   | ☐ Contingent   |                  |  |                                 |
|   | Debtor 2 only   | ☐ Unliquidated   |                  |  |                                 |
|   | Debtor 1 and Debtor 2 only  | ☐ Disputed   |                  |  |                                 |
|   | At least one of the debtors and and   |  | TY unsecured     | l claim:   |                                 |
|   | Check if this claim is for a comn   | _  |                  |  | 1                               |
| deb<br>Is tl                              | nt<br>he claim subject to offset?   | ☐ Obligations arising report as priority clain                               |                  | ration agreement or divorce that you did   | not                             |
|   | <del>-</del>  |  |                  | g plans, and other similar debts   |                                 |
|   |   |  | Automobile       |  |                                 |
|   | 100   | Utner. Specify   |                  | •  |                                 |

Document Page 19 of 46 Debtor 1 Salvador Castaneda Case number (if know) 4.2 \$10,972.00 **Chase Card Services** Last 4 digits of account number 4578 Nonpriority Creditor's Name **Correspondence Dept** Opened 6/20/16 Last Active Po Box 15298 When was the debt incurred? 6/08/18 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes **Chase Card Services** 4.3 Last 4 digits of account number 5219 \$5,024.00 Nonpriority Creditor's Name **Correspondence Dept** Opened 03/15 Last Active Po Box 15298 When was the debt incurred? 6/08/18 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 Citibank/The Home Depot Last 4 digits of account number 0865 \$1,287.00 Nonpriority Creditor's Name Centralized Bankruptcy Opened 09/17 Last Active Po Box 790034 When was the debt incurred? 5/01/18 St Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Charge Account

lacksquare Debts to pension or profit-sharing plans, and other similar debts

Document Page 20 of 46 Debtor 1 Salvador Castaneda Case number (if know) 4.5 \$7,541.00 **Discover Financial** Last 4 digits of account number 9176 Nonpriority Creditor's Name Opened 03/07 Last Active Po Box 3025 When was the debt incurred? 5/18/18 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.6 **First National Bank** 6006 Last 4 digits of account number \$4,432.00 Nonpriority Creditor's Name Attn: Tina Opened 04/12 Last Active 1620 Dodge St Mailstop 4440 When was the debt incurred? 5/14/18 Omaha, NE 68197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt oxed Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other, Specify 4.7 **Gateway One Lending & Finance** Last 4 digits of account number 0062 \$1,815.00 Nonpriority Creditor's Name Opened 05/15 Last Active Attn: Bankruptcy 160 North Riverview Dr. Ste 100 When was the debt incurred? 5/09/18 Anaheim, CA 92808 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

Official Form 106 E/F

debt

■ No

☐ Yes

☐ Student loans

report as priority claims

■ Other. Specify Automobile

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

 $\square$  Check if this claim is for a community

Is the claim subject to offset?

| Debtor 1             | Salvador   | Castaneda                                | Document Page 2   | L OT 4<br>Case n | <b>FO</b><br>number (if k | now)              |                 |                   |
|----------------------|--|--|---|------------------|---------------------------|-------------------|-----------------|-------------------|
|                      |  | ey Homestore                             | Last 4 digits of account number   | 3349             | )                         |                   |                 | \$3,446.00        |
| A<br>P               | onpriority Cred<br>Attn: Bankr<br>o Box 965<br>Orlando, FL   | uptcy<br>060                             | When was the debt incurred?   | Oper<br>6/08/    |                           | 7 Last Activ      | e               |                   |
| N                    | umber Street (   | City State Zlp Code the debt? Check one. | As of the date you file, the claim  | is: Check        | k all that app            | bly               |                 |                   |
|                      | Debtor 1 onl   | V  | ☐ Contingent  |                  |                           |                   |                 |                   |
| Г                    | Debtor 2 onl   | V  | ☐ Unliquidated  |                  |                           |                   |                 |                   |
|                      | _  | d Debtor 2 only                          | ☐ Disputed  |                  |                           |                   |                 |                   |
| _                    | _  | of the debtors and another               | Type of NONPRIORITY unsecure  | d claim:         |                           |                   |                 |                   |
|                      |  | s claim is for a community               | ☐ Student loans   |                  |                           |                   |                 |                   |
|                      | ebt  | s claim is for a community               | Obligations arising out of a sepa   | aration ac       | greement or               | divorce that you  | did not         |                   |
| Is                   | the claim su   | bject to offset?                         | report as priority claims   |                  | ,                         | ,                 |                 |                   |
|                      | No   |  | Debts to pension or profit-sharing  | ng plans,        | and other si              | milar debts       |                 |                   |
|                      | Yes  |  | ■ Other. Specify Charge Ac  | count            |                           |                   |                 |                   |
|                      |  | Bank/ JC Penneys                         | Last 4 digits of account number   | 3017             | ,                         |                   |                 | \$656.00          |
| A<br>P               | lonpriority Cred<br>Attn: Banki<br>Po Box 965<br>Orlando, FL | ruptcy Dept<br>060                       | When was the debt incurred?   | Oper<br>6/07/    |                           | Last Active       | <b>e</b>        |                   |
| N                    | umber Street (   | City State Zlp Code the debt? Check one. | As of the date you file, the claim  | is: Check        | k all that app            | oly               |                 |                   |
| _                    | _  |  |   |                  |                           |                   |                 |                   |
|                      | Debtor 1 onl   |  | Contingent  |                  |                           |                   |                 |                   |
| _                    | Debtor 2 onl   | •  | Unliquidated  |                  |                           |                   |                 |                   |
|                      | Debtor 1 and   | d Debtor 2 only                          | Disputed  |                  |                           |                   |                 |                   |
|                      |  | of the debtors and another               | Type of NONPRIORITY unsecure  | d claim:         |                           |                   |                 |                   |
|                      |  | s claim is for a community               | ☐ Student loans   |                  |                           |                   |                 |                   |
|                      | ebt<br>s the claim su  | bject to offset?                         | ☐ Obligations arising out of a separeport as priority claims  |                  |                           | ·                 | did not         |                   |
|                      | No   |  | Debts to pension or profit-sharing  | ng plans,        | and other si              | milar debts       |                 |                   |
|                      | Yes  |  | Other. Specify Charge Ac  | count            |                           |                   |                 |                   |
| Part 3:              | List Others  | s to Be Notified About a Debt            | That You Already Listed   |                  |                           |                   |                 |                   |
| is trying<br>have mo | to collect fro   | m you for a debt you owe to some         | ut your bankruptcy, for a debt that yone else, list the original creditor in<br>ou listed in Parts 1 or 2, list the add<br>ubmit this page. | Parts 1          | or 2, then I              | ist the collectio | n agency here.  | Similarly, if you |
|                      |  | mounts for Each Type of Unse             |   |                  |                           |                   |                 |                   |
|                      | e amounts of<br>unsecured cla                                |  | . This information is for statistical r   | eporting         | purposes                  | only. 28 U.S.C.   | §159. Add the a | mounts for each   |
|                      |  |  |   |                  |                           | Total Claim       |                 |                   |
| Tot                  |  | Domestic support obligations             |   | 6a.              | \$                        |                   | 0.00            |                   |
| clain<br>from Part   |  | Taxes and certain other debts yo         | ou owe the government   | 6b.              | \$                        |                   | 0.00            |                   |
|                      | 6c.  | Claims for death or personal inju        | <u>-</u>  | 6c.              | \$                        |                   | 0.00            |                   |
|                      | 6d.  | Other. Add all other priority unsecu     | ured claims. Write that amount here.  | 6d.              | \$                        |                   | 0.00            |                   |
|                      | 6e.  | Total Priority. Add lines 6a throug      | h 6d.   | 6e.              | \$                        |                   | 0.00            |                   |
|                      |  |  |   |                  |                           | Total Claim       |                 |                   |
| Tot                  | 6f.  | Student loans                            |   | 6f.              | \$                        |                   | 0.00            |                   |

from Part 2

6g.

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts

6g.

6h.

0.00

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Page 22 of 46 Case number (if know) Debtor 1 Salvador Castaneda

> 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 47,776.00 Total Nonpriority. Add lines 6f through 6i. 6j. 47,776.00

Official Form 106 E/F

Fill in this information to identify your case: Debtor 1 Salvador Castaneda Middle Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------|---|-------------------|---|
| 2.1 |           |             |   |                   |   |
|     | Name      |             |   |                   | _                                       |
|     | Number    | Street      |   |                   |   |
|     | City      |             | State   | ZIP Code          |   |
| 2.2 |           |             |   |                   |   |
|     | Name      |             |   |                   |   |
|     | Number    | Street      |   |                   | _                                       |
|     | City      |             | State   | ZIP Code          | <del>_</del>                            |
| 2.3 | •         |             |   |                   |   |
|     | Name      |             |   |                   | _                                       |
|     | Number    | Street      |   |                   | _                                       |
|     | City      |             | State   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |             |   |                   |   |
|     | Name      |             |   |                   | _                                       |
|     | Number    | Street      |   |                   | _                                       |
|     | City      |             | State   | ZIP Code          | <del></del>                             |
| 2.5 |           |             |   |                   |   |
|     | Name      |             |   |                   | _                                       |
|     | Number    | Street      |   |                   | _                                       |
|     | City      |             | State   | ZIP Code          | <del>_</del>                            |
|     |           |             |   |                   |   |

|                                |  | Docume                    | nt Page 24 o             | <u>f 46</u>  |
|--------------------------------|--|---------------------------|--------------------------|--|
| Fill in this                   | information to identify your                                       | case:                     |                          |  |
| Debtor 1                       | Salvador Castano   | eda                       |                          |  |
|                                | First Name   | Middle Name               | Last Name                |  |
| Debtor 2<br>(Spouse if, filing | First Name   | Middle Name               | Last Name                |  |
| (Opouse II, IIIII              | ig) First Name   |                           |                          |  |
| United Stat                    | tes Bankruptcy Court for the:                                      | NORTHERN DISTRICT         | OF ILLINOIS              |  |
| Case numb                      | ber  |                           |                          |  |
| (if known)                     |  |                           |                          | ☐ Check if this is an  |
|                                |  |                           |                          | amended filing   |
| Official                       | l Form 106H  |                           |                          |  |
|                                |  | -1-1                      |                          |  |
| Sched                          | lule H: Your Cod   | eptors                    |                          | 12/15  |
| ■ No □ Yes                     |  | ı lived in a community pr | operty state or territor | y? (Community property states and territories include  |
| ■ No.                          | Go to line 3.  Did your spouse, former spo                         |                           |                          |  |
| in line<br>Form                | 2 again as a codebtor only   | f that person is a guaran | tor or cosigner. Make s  | if your spouse is filing with you. List the person shown<br>sure you have listed the creditor on Schedule D (Official<br>6G). Use Schedule D, Schedule E/F, or Schedule G to fil |
|                                | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z | IP Code                   |                          | Column 2: The creditor to whom you owe the debt Check all schedules that apply:  |
| 3.1                            |  |                           |                          | ☐ Schedule D, line   |
|                                | Name   |                           |                          | ☐ Schedule E/F, line   |
|                                |  |                           |                          | ☐ Schedule G, line   |
| =                              | Number Street  |                           |                          | _  |
|                                | City   | State                     | ZIP Code                 |  |
| 3.2                            |  |                           |                          | ☐ Schedule D, line   |
|                                | Name   |                           |                          | ☐ Schedule E/F, line   |
|                                |  |                           |                          | ☐ Schedule G, line   |
| 7                              | Number Street  |                           |                          | _  |
|                                | City   | State                     | ZIP Code                 |  |

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| Fill        | in this information to identify your c  | ase:                       |                                    |          |       |                        |                       |                            |       |
|-------------|---|----------------------------|------------------------------------|----------|-------|------------------------|-----------------------|----------------------------|-------|
| Del         | otor 1 Salvador Ca  | staneda                    |                                    |          | _     |                        |                       |                            |       |
|             | otor 2  |                            |                                    |          | _     |                        |                       |                            |       |
| Uni         | ted States Bankruptcy Court for the   | : NORTHERN DISTRIC         | CT OF ILLINOIS                     |          |       |                        |                       |                            |       |
|             | se number<br>   |                            | -                                  |          |       |                        | ed filing<br>ent show | ring postpetition chap     | oter  |
| 0           | fficial Form 106I   |                            |                                    |          |       | MM / DD/ Y             |                       | Tenerum g autor            |       |
|             | chedule I: Your Inc   | ome                        |                                    |          |       | ו יוטט יוואו           |                       |                            | 12/15 |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | r spouse is not filing w   | ith you, do not includ             | le infor | matio | on about your spo      | ouse. If 1            | more space is need         | led,  |
| 1.          | Fill in your employment information.  |                            | Debtor 1                           |          |       | Debtor 2               | 2 or non              | -filing spouse             |       |
|             | If you have more than one job,  | Employment status          | ■ Employed                         |          |       | ■ Empl                 | oyed                  |                            |       |
|             | attach a separate page with information about additional  |                            | ☐ Not employed                     |          |       | ☐ Not e                | mployed               |                            |       |
|             | employers.  | Occupation                 | <b>Quality Control</b>             |          |       |                        |                       |                            |       |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name            | Reliance Gear C                    | orp      |       | Medtor                 | que                   |                            |       |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address         | 205 Factory Rd<br>Addison, IL 6010 | )1       |       | 612 W l<br>Elmhur      |                       |                            |       |
|             |   | How long employed t        | here? 36 years                     | 5        |       |                        |                       |                            | -     |
| Par         | t 2: Give Details About Mor   | nthly Income               |                                    |          |       |                        |                       |                            |       |
|             | mate monthly income as of the duse unless you are separated.  | ate you file this form. If | you have nothing to re             | port for | any   | line, write \$0 in the | space. I              | nclude your non-filin      | ıg    |
|             | u or your non-filing spouse have mo<br>e space, attach a separate sheet to  |                            | ombine the information             | for all  | emplo | oyers for that perso   | on on the             | lines below. If you n      | need  |
|             |   |                            |                                    |          |       | For Debtor 1           |                       | ebtor 2 or<br>iling spouse |       |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,  |                            |                                    | 2.       | \$    | 4,317.00               | \$                    | 3,160.00                   |       |
| 3.          | Estimate and list monthly overt   | ime pay.                   |                                    | 3.       | +\$   | 450.00                 | +\$                   | 608.00                     |       |

4,767.00

3,768.00

Calculate gross Income. Add line 2 + line 3.

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| Deb | otor 1                | Salvador Castaneda   | -              |           | Case       | number (if known)    | _   |              |                        |  |
|-----|-----------------------|--|----------------|-----------|------------|----------------------|-----|--------------|------------------------|--|
|     |                       |  |                |           | For        | Debtor 1             |     | For Debte    | or 2 or<br>g spouse    |  |
|     | Cop                   | y line 4 here  | 4.             |           | \$         | 4,767.00             | _   |              | 3,768.00               | )  |
| 5.  | List                  | all payroll deductions:  |                |           |            |                      |     |              |                        |  |
| J.  | 5a.<br>5b.            | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans   | 5a<br>5l       | a.<br>b.  | \$_<br>\$  | 1,120.00<br>0.00     |     | \$<br>       | 858.00<br>0.00         | _  |
|     | 5c.<br>5d.            | Voluntary contributions for retirement plans Required repayments of retirement fund loans  | 50<br>50       | d.        | \$<br>\$   | 345.00<br>600.00     |     | \$           | 151.00<br>0.00         | <u> </u>                                     |
|     | 5e.<br>5f.<br>5g.     | Insurance Domestic support obligations Union dues  | 56<br>5f<br>5g | f.        | \$_<br>\$_ | 0.00<br>0.00<br>0.00 |     | \$<br><br>\$ | 100.00<br>0.00<br>0.00 | <u> </u>                                     |
|     | 5h.                   | Other deductions. Specify: 401k loan   |                | y.<br>h.+ | \$_        | 599.00               | + 5 | \$           | 0.00                   | _  |
| 6.  | Add                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.             |           | \$_        | 2,664.00             | ,   | \$           | 1,109.00               | <u>)                                    </u> |
| 7.  | Cal                   | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.             |           | \$_        | 2,103.00             | ,   | \$           | 2,659.00               | <u>)                                    </u> |
| 8.  | 8b.<br>8c.            | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8k             | a.<br>b.  | \$_<br>\$_ | 0.00                 |     | \$<br>       | 0.00                   | _  |
|     | 0.1                   | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 80             |           | \$_        | 0.00                 |     | \$           | 0.00                   | _  |
|     | 8d.<br>8e.            | Unemployment compensation Social Security  | 80<br>86       | d.<br>a   | \$_<br>\$  | 0.00                 |     | \$<br>\$     | 0.00                   |  |
|     | 8f.<br>8g.            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income  | 8f<br>8ç       | f.<br>g.  | \$_<br>\$_ | 0.00<br>0.00         |     | \$<br>\$     | 0.00                   | <u>)</u>                                     |
|     | 8h.                   | Other monthly income. Specify:   | _ 81           | h.+<br>_  | \$_        | 0.00                 | + 5 | \$           | 0.00                   | <u> </u>                                     |
| 9.  | Add                   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.             |           | \$         | 0.00                 |     | \$           | 0.0                    | 0  |
| 10. |                       | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.            | \$_       |            | 2,103.00 + \$        |     | 2,659.0      | 0 = \$ _               | 4,762.00                                     |
| 11. | Inclu<br>othe<br>Do r | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:  | dep            |           |            | •                    |     | in Sched     | ule J.<br>1. +\$       | 0.00   |
| 12. |                       | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies  |                |           |            |                      |     |              | 2. \$                  | 4,762.00                                     |
| 13  | Do                    | you expect an increase or decrease within the year after you file this form  | ?              |           |            |                      |     |              | Combi                  | ined<br>ly income                            |
|     |                       | No.  Ves Evolain:  |                |           |            |                      |     |              |                        |  |

Official Form 106I Schedule I: Your Income page 2

| Filli | in this information          | on to identify yo                        | ur case:        |  |  | I               |  |                               |
|-------|------------------------------|--|-----------------|--|--|-----------------|--|-------------------------------|
| Deb   |                              | Salvador Cas                             |                 |  |  | Chec            | ck if this is:                         |                               |
|       | -                            | Salvauoi Cas                             | starieua        |  |  |                 | An amended filing                      |                               |
|       | tor 2<br>buse, if filing)    |  |                 |  |  |                 | A supplement show<br>13 expenses as of | ving postpetition chapter     |
| (Spc  | Juse, ii iiiiig)             |  |                 |  |  | _               |  | une following date.           |
| Unite | ed States Bankru             | ptcy Court for the:                      | NORTH           | IERN DISTRICT OF ILLIN   | OIS                                    |                 | MM / DD / YYYY                         |                               |
|       | e number<br>nown)            |  |                 |  |  |                 |  |                               |
| Of    | ficial For                   | m 106J                                   |                 |  |  |                 |  |                               |
| Sc    | chedule                      | J: Your I                                | Exper           | ises   |  |                 |  | 12/15                         |
| info  | rmation. If mo               |  | eded, atta      | . If two married people ar<br>ch another sheet to this<br>n.               |  |                 |  |                               |
| Part  | Describ                      | oe Your House                            | hold            |  |  |                 |  |                               |
| ١.    | ■ No. Go to I                |  |                 |  |  |                 |  |                               |
|       |                              |  | n a separ       | ate household?   |  |                 |  |                               |
|       | □ No                         |  | •               |  |  |                 |  |                               |
|       | ☐ Yes                        | s. Debtor 2 mus                          | t file Offici   | al Form 106J-2, Expenses   | for Separate House                     | ehold of Deb    | tor 2.                                 |                               |
| 2.    | Do you have                  | dependents?                              | □ No            |  |  |                 |  |                               |
|       | Do not list Del<br>Debtor 2. | btor 1 and                               | Yes.            | Fill out this information for each dependent                               | Dependent's relat<br>Debtor 1 or Debto |                 | Dependent's age                        | Does dependent live with you? |
|       | Do not state th              | ne                                       |                 |  |  |                 |  | □ No                          |
|       | dependents n                 | ames.                                    |                 |  | Daughter                               |                 | 16                                     | Yes                           |
|       |                              |  |                 |  | Son                                    |                 | 21                                     | ■ No<br>□ Yes                 |
|       |                              |  |                 |  |  |                 | - <del></del>                          | □ No                          |
|       |                              |  |                 |  |  |                 |  | ☐ Yes                         |
|       |                              |  |                 |  |  |                 |  | □ No                          |
| 3.    | Do vour expe                 | enses include                            | _               | Na   | -                                      |                 |  | ☐ Yes                         |
| -     | expenses of                  | people other the                         | nan $_{f \Box}$ | No<br>Yes  |  |                 |  |                               |
|       | yoursell allu                | your depende                             | 116 ?           |  |  |                 |  |                               |
| exp   | imate your exp               |  | our bankrı      | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |  |                 |  |                               |
| the   |                              | assistance and                           |                 | government assistance i<br>cluded it on <i>Schedule I:</i> \               |  |                 | Your expe                              | enses                         |
| (•    |                              | ,  |                 |  |  |                 |  |                               |
| 4.    |                              | home owners<br>any rent for the          |                 | ses for your residence. I<br>or lot.                                       | nclude first mortgag                   | e<br>4. \$      |  | 1,600.00                      |
|       | If not include               | d in line 4:                             |                 |  |  |                 |  |                               |
|       | 4a. Real es                  | tate taxes                               |                 |  |  | 4a. \$          | i                                      | 0.00                          |
|       | •                            | y, homeowner's                           | -               |  |  | 4b. \$          |  | 0.00                          |
|       |                              |  | •               | upkeep expenses  |  | 4c. \$          |  | 200.00                        |
| 5.    |                              | wner's associat<br><b>ortgage pavm</b> e |                 | dominium dues<br><b>our residence</b> , such as ho                         | me equity loans                        | 4d. \$<br>5. \$ |  | 0.00                          |

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| ebtor 1          | Salvador Castaneda   | Case num     | ber (if known)                                 |                       |
|------------------|--|--------------|--|-----------------------|
| . Utilit         | ripe.  |              |  |                       |
| . 6a.            | Electricity, heat, natural gas   | 6a.          | \$   | 350.00                |
| 6b.              | Water, sewer, garbage collection   | 6b.          |  | 150.00                |
| 6c.              | Telephone, cell phone, Internet, satellite, and cable services   | 6c.          | ·  | 350.00                |
| 6d.              | Other. Specify:  | 6d.          |  | 0.00                  |
|                  | d and housekeeping supplies  | 7.           | ·  | 900.00                |
|                  | dcare and children's education costs   | 7.<br>8.     | \$   |                       |
|                  |  | 9.           | *  | 200.00                |
|                  | hing, laundry, and dry cleaning  |              | \$   | 150.00                |
|                  | onal care products and services  | 10.          | ·  | 150.00                |
|                  | ical and dental expenses   | 11.          | \$   | 0.00                  |
|                  | sportation. Include gas, maintenance, bus or train fare. ot include car payments.                        | 12.          | \$   | 400.00                |
|                  | 1 /  | 13.          | ·  |                       |
|                  | rtainment, clubs, recreation, newspapers, magazines, and books   |              | · -  | 0.00                  |
|                  | ritable contributions and religious donations  | 14.          | \$   | 0.00                  |
| 5. Insu          |  |              |  |                       |
|                  | ot include insurance deducted from your pay or included in lines 4 or 20.                                | 150          | ¢  | 0.00                  |
|                  | Life insurance   | 15a.         | ·  | 0.00                  |
|                  | Health insurance   | 15b.         |  | 0.00                  |
|                  | Vehicle insurance  | 15c.         |  | 100.00                |
|                  | Other insurance. Specify:  | 15d.         | \$   | 0.00                  |
|                  | es. Do not include taxes deducted from your pay or included in lines 4 or 20.                            |              |  |                       |
| Spec             | •  | 16.          | \$   | 0.00                  |
|                  | allment or lease payments:   |              |  |                       |
| 17a.             | Car payments for Vehicle 1   | 17a.         | \$   | 350.00                |
| 17b.             | Car payments for Vehicle 2   | 17b.         | \$   | 0.00                  |
| 17c.             | Other. Specify:  | 17c.         | \$   | 0.00                  |
| 17d.             | Other. Specify:  | 17d.         | \$   | 0.00                  |
|                  | payments of alimony, maintenance, and support that you did not report as                                 | <del></del>  |  |                       |
|                  | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                             |              | \$   | 0.00                  |
|                  | er payments you make to support others who do not live with you.   |              | \$   | 0.00                  |
| Spec             | sify:  | 19.          |  |                       |
| ). <b>Othe</b>   | er real property expenses not included in lines 4 or 5 of this form or on Scho                           | edule I: Yo  | ur Income.                                     |                       |
|                  | Mortgages on other property  | 20a.         |  | 0.00                  |
|                  | Real estate taxes  | 20b.         | \$   | 0.00                  |
|                  | Property, homeowner's, or renter's insurance   | 20c.         |  | 0.00                  |
|                  | Maintenance, repair, and upkeep expenses   | 20d.         |  | 0.00                  |
|                  | Homeowner's association or condominium dues  | 20a.<br>20e. |  |                       |
|                  |  |              | ·  | 0.00                  |
| . Otne           | er: Specify:   | 21.          | +\$  | 0.00                  |
| 2 Calc           | ulate your monthly expenses  |              |  |                       |
|                  | Add lines 4 through 21.  |              | \$   | 4,900.00              |
|                  | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                          |              | \$   | 4,500.00              |
|                  |  |              | ·  |                       |
| 22c.             | Add line 22a and 22b. The result is your monthly expenses.   |              | \$   | 4,900.00              |
| 3. Calc          | ulate your monthly net income.   |              |  |                       |
|                  | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.         | \$   | 4,762.00              |
|                  | Copy your monthly expenses from line 22c above.  | 23b.         | ·  | 4,702.00              |
| ۷۵۵.             | Copy your monthly expenses from the 220 above.   | ۷۵۵.         | Ψ  | 4,900.00              |
| 220              | Subtract your monthly expenses from your monthly income  |              |  |                       |
| 23C.             | Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> . | 23c.         | \$   | -138.00               |
|                  | THE TESUK IS YOUR MOHALIN HELIHOOME.   | 200.         | <u>                                       </u> |                       |
| 4 Dov            | ou expect an increase or decrease in your expenses within the year after yo                              | ou file this | form?  |                       |
| ⊸. <i>D</i> ∪ y։ | xample, do you expect to finish paying for your car loan within the year or do you expect you            |              |  | or decrease because o |
| For ex           |  |              |  |                       |
|                  | ication to the terms of your mortgage?   | i mongago p  | baymont to moroado                             |                       |
|                  | ication to the terms of your mortgage?   | i mongage p  | aymon to morouso                               |                       |

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| Fill in this infor  | mation to identify your                                 | case.                      |                         |  |    |
|---------------------|---|----------------------------|-------------------------|--|----|
|                     |   |                            |                         |  |    |
| Debtor 1            | Salvador Castane  | Middle Name                | Last Name               |  |    |
| Debtor 2            |   |                            |                         |  |    |
| (Spouse if, filing) | First Name  | Middle Name                | Last Name               |  |    |
| United States Ba    | ankruptcy Court for the:                                | NORTHERN DISTRIC           | T OF ILLINOIS           |  |    |
| Case number         |   |                            |                         |  |    |
| (if known)          |   |                            |                         | ☐ Check if this is an amended filing                         |    |
|                     |   |                            |                         | amended ming   |    |
|                     |   |                            |                         |  |    |
| Official Fori       | m 106Dec  |                            |                         |  |    |
| Declarat            | tion About a  | n Individua                | Debtor's                | Schedules 12/  | 15 |
|                     |   |                            |                         |  | _  |
| If two married p    | eople are filing together                               | r, both are equally respon | onsible for supplying   | g correct information.                                       |    |
| ·                   |   |                            |                         | •  |    |
|                     |   |                            |                         | dules. Making a false statement, concealing property, or     |    |
|                     | ly or property by fraud ii<br>18 U.S.C. §§ 152, 1341, 1 |                            | kruptcy case can res    | esult in fines up to \$250,000, or imprisonment for up to 20 | )  |
| years, or beam.     | 10 0.0.0. 33 102, 1041, 1                               | 010, 4114 007 11           |                         |  |    |
|                     |   |                            |                         |  |    |
| Sig                 | n Below   |                            |                         |  |    |
|                     | •   |                            |                         |  |    |
| Did you pa          | ay or agree to pay some                                 | one who is NOT an atto     | rney to help you fill o | out bankruptcy forms?  |    |
| ■ No                |   |                            |                         |  |    |
| □ Ves               | Name of person  |                            |                         | Attach Bankruptcy Petition Preparer's Notice                 |    |
| ☐ 1C3.              |   |                            |                         | Declaration, and Signature (Official Form 11)                |    |
|                     |   |                            |                         |  | ,  |
|                     |   |                            |                         |  |    |
|                     | alty of perjury, I declare<br>re true and correct.      | that I have read the sun   | nmary and schedules     | es filed with this declaration and                           |    |
| X /s/ Sal           | vador Castaneda   |                            | X                       |  |    |
|                     | dor Castaneda   |                            |                         | ure of Debtor 2  |    |
| Signatu             | ure of Debtor 1   |                            | -                       |  |    |

Date \_\_\_\_\_

Date July 13, 2018

| Fill              | in this inform             | nation to identify you                     | r case:   |   |  |   |
|-------------------|----------------------------|--|---|---|--|---|
|                   | btor 1                     | Salvador Castar                            |   |   |  |   |
|                   | DIOI I                     | First Name                                 | Middle Name   | Last Name   |  |   |
| 1 -               | btor 2<br>buse if, filing) | First Name                                 | Middle Name   | Last Name   |  |   |
| Un                | ited States Bar            | nkruptcy Court for the:                    | NORTHERN DISTRICT (   | OF ILLINOIS   |  |   |
|                   | se number                  |  |   |   |  | heck if this is an                                    |
|                   |                            |  |   |   | a  | mended filing   |
|                   | ficial For<br>atement      |  | Affairs for Individ   | duals Filing for B                                    | ankruptcy  | 4/16  |
| info              | rmation. If m              |  | attach a separate sheet to  |   | equally responsible for sup<br>y additional pages, write you   |   |
| Ра<br>1.          |                            | etails About Your Ma                       | arital Status and Where You   | Lived Before  |  |   |
| ٠.                | _                          | Current mantar state                       | 15:   |   |  |   |
|                   | ■ Married □ Not mar        | ried                                       |   |   |  |   |
| 2.                | During the la              | ast 3 years, have you                      | lived anywhere other than   | where you live now?                                   |  |   |
|                   | ■ No □ Yes. Lis            | t all of the places you l                  | ived in the last 3 years. Do no   | ot include where you live now                         | <i>i</i> .   |   |
|                   | Debtor 1 Pr                | ior Address:                               | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | dress:   | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>stat |                            |  |   |   | ity property state or territory<br>co, Texas, Washington and W |   |
|                   | ■ No □ Yes. Ma             | ke sure you fill out <i>Scl</i>            | nedule H: Your Codebtors (O   | fficial Form 106H).                                   |  |   |
| Pa                | rt 2 Explai                | n the Sources of You                       | r Income  |   |  |   |
| 4.                | Fill in the tota           | I amount of income yo                      | nployment or from operatin<br>u received from all jobs and a<br>have income that you receiv | all businesses, including part-                       |  | ndar years?   |
|                   | □ No ■ Yes. Fill           | in the details.                            |   |   |  |   |
|                   |                            |  | Debtor 1  |   | Debtor 2   |   |
|                   |                            |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |
|                   |                            | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips   | \$31,653.00   | ☐ Wages, commissions, bonuses, tips                            |   |
|                   |                            |  | ☐ Operating a business  |   | ☐ Operating a business   |   |

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|     |   |  |   | Debtor 1  |   |  | Debtor 2  |  |   |
|-----|---|--|---|---|---|--|---|--|---|
|     |   |  |   | Sources of income<br>Check all that apply.  | (bet  | oss income<br>fore deductions and<br>lusions)  | Sources of inc  |  | Gross income<br>(before deductions<br>and exclusions) |
|     | r last caler<br>nuary 1 to                | ndar year:<br>December                             | 31, 2017 )  | ■ Wages, commissions, bonuses, tips   |   | \$91,903.00  | ☐ Wages, combonuses, tips   | nmissions,   |   |
|     |   |  |   | ☐ Operating a business  |   |  | ☐ Operating a   | business   |   |
|     |   | dar year be<br>December                            |   | ■ Wages, commissions, bonuses, tips   |   | \$55,129.00  | ☐ Wages, combonuses, tips   | nmissions,   |   |
|     |   |  |   | ☐ Operating a business  |   |  | ☐ Operating a   | business   |   |
| 5.  | Include in and other winnings.  List each | come regard<br>public bene<br>If you are fil       | dless of wheth<br>fit payments;<br>ing a joint cas<br>the gross inco  | e during this year or the two<br>ler that income is taxable. Ex<br>pensions; rental income; inte<br>le and you have income that<br>the same from each source separa                                 | amples<br>rest; div<br>you rec  | of other income are a<br>vidends; money collec-<br>eived together, list it   | alimony; child suppoted from lawsuits; only once under Do   | royalties; an<br>ebtor 1.  | ecurity, unemployment,<br>d gambling and lottery      |
|     |   |  |   | Debtor 1  |   |  | Debtor 2  |  |   |
|     |   |  |   | Sources of income<br>Describe below.  | eac<br>(bet   | ess income from<br>th source<br>fore deductions and<br>lusions)  | Sources of inc<br>Describe below  |  | Gross income<br>(before deductions<br>and exclusions) |
| Pai | rt 3: Lis                                 | t Certain Pa                                       | ayments You   | Made Before You Filed for   | Bankr   | uptcy  |   |  |   |
| 6.  | □ No.                                     | Neither Dindividual  During the No. Yes  * Subject | ebtor 1 nor D primarily for a e 90 days befo Go to line 7 List below e paid that cre not include to adjustment or Debtor 2 o e 90 days befo Go to line 7 List below e include pay | each creditor to whom you pa<br>editor. Do not include paymen<br>payments to an attorney for to<br>on 4/01/19 and every 3 year<br>r both have primarily constant<br>are you filed for bankruptcy, d | umer d old purp id you p id a tota ints for o this bar rs after umer d id you p | ebts. Consumer debi<br>ose."  pay any creditor a total al of \$6,425* or more domestic support obligations alkruptcy case. that for cases filed on ebts. pay any creditor a total al of \$600 or more an | al of \$6,425* or mo<br>in one or more pay<br>gations, such as ch<br>or after the date of<br>al of \$600 or more? | re?  /ments and the support a suppor | he total amount you and alimony. Also, do             |
|     |   |  | ·   | , ,   |   |  |   |  |   |
|     | Creditor                                  | 's Name an   | d Address   | Dates of payme  | ent   | Total amount paid  | Amount you still owe  | Was this p   | payment for   |

Debtor 1 Salvador Castaneda Document Page 32 of 46 Case number (if known)

| 7.   | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                             |                      |                      |                            |                              |  |  |
|--|--|-----------------------------|----------------------|----------------------|----------------------------|------------------------------|--|--|
|  | No   |                             |                      |                      |                            |                              |  |  |
|  | Yes. List all payments to an insider.  |                             |                      |                      |                            |                              |  |  |
|  | Insider's Name and Address   | Dates of payment            | Total amount paid    | Amount you still owe | Reason for                 | this payment                 |  |  |
| 8.   | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos   |                             | ments or transfer a  | any property on a    | ccount of a d              | ebt that benefited an        |  |  |
|  | <ul><li>■ No</li><li>□ Yes. List all payments to an insider</li></ul>  |                             |                      |                      |                            |                              |  |  |
|  | Insider's Name and Address   | Dates of payment            | Total amount paid    | Amount you still owe | Reason for<br>Include cred | this payment<br>ditor's name |  |  |
| Pai  | t 4: Identify Legal Actions, Repossession  | ns, and Foreclosures        |                      |                      |                            |                              |  |  |
| 9.   | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  | cy, were you a party in an  |                      |                      |                            |                              |  |  |
|  | Case title Case number   | Nature of the case          | Court or agency      |                      | Status of th               | ne case                      |  |  |
| 10.  | Within 1 year before you filed for bankruptor. Check all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.  |                             | erty repossessed, f  | oreclosed, garnis    | shed, attache              | d, seized, or levied?        |  |  |
|  | Creditor Name and Address  | Describe the Property       |                      | Date                 |                            | Value of the                 |  |  |
|  |  | Explain what happened       | 1                    |                      |                            | property                     |  |  |
| 11.  | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  ■ No □ Yes. Fill in the details.   |                             |                      |                      |                            |                              |  |  |
|  | Creditor Name and Address  | Describe the action the     | creditor took        | Date<br>taker        | action was                 | Amount                       |  |  |
| 12.  | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a  No Yes   |                             | erty in the possess  | ion of an assigne    | e for the ben              | efit of creditors, a         |  |  |
| Pai  | t 5: List Certain Gifts and Contributions  |                             |                      |                      |                            |                              |  |  |
|  | Within 2 years before you filed for bankrup  | tcy, did you give any gifts | s with a total value | of more than \$60    | 0 per person               | ?                            |  |  |
| ■ No □ Yes. Fill in the details for each gift. |  |                             |                      |                      |                            |                              |  |  |
|  | Gifts with a total value of more than \$600 per person   | Describe the gifts          |                      | Date:<br>the g       | s you gave<br>ifts         | Value                        |  |  |
|  | Person to Whom You Gave the Gift and Address:  |                             |                      |                      |                            |                              |  |  |

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| DCI | Salvaudi Castalleua  |                              |  | , Hulliber (/ |   |                          |  |  |  |  |
|-----|--|------------------------------|--|---------------|---|--------------------------|--|--|--|--|
|     |  |                              |  |               |   |                          |  |  |  |  |
| 14. | Within 2 years before you filed for bankr  | uptcy, c                     | lid you give any gifts or contributions w                              | ith a total   | value of more than                            | \$600 to any charity?    |  |  |  |  |
|     | ■ No   |                              |  |               |   |                          |  |  |  |  |
|     | ☐ Yes. Fill in the details for each gift or c  | ontributi                    | on.  |               |   |                          |  |  |  |  |
|     | Gifts or contributions to charities that t   | otal                         | Describe what you contributed  |               | Dates you                                     | Value                    |  |  |  |  |
|     | more than \$600<br>Charity's Name  |                              |  |               | contributed                                   |                          |  |  |  |  |
|     | Address (Number, Street, City, State and ZIP Code  | e)                           |  |               |   |                          |  |  |  |  |
| Par | t 6: List Certain Losses   |                              |  |               |   |                          |  |  |  |  |
| 15. | Within 1 year before you filed for bankru or gambling?   | ptcy or                      | since you filed for bankruptcy, did you                                | lose anyth    | ning because of thef                          | ft, fire, other disaster |  |  |  |  |
|     | ■ No   |                              |  |               |   |                          |  |  |  |  |
|     | Yes. Fill in the details.  |                              |  |               |   |                          |  |  |  |  |
|     | Describe the property you lost and   | Descri                       | be any insurance coverage for the loss                                 |               | Date of your                                  | Value of property        |  |  |  |  |
|     | how the loss occurred  |                              | the amount that insurance has paid. List p                             | ondina        | loss  | losi                     |  |  |  |  |
|     |  |                              | ice claims on line 33 of <i>Schedule A/B: Prop</i>                     |               |   |                          |  |  |  |  |
| Par | t 7: List Certain Payments or Transfers  |                              |  | •             |   |                          |  |  |  |  |
| Fai | t 7: List Certain Payments or Transfers  | •                            |  |               |   |                          |  |  |  |  |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. |                              |  |               |   |                          |  |  |  |  |
|     | _  | ·                            |  | ·             | , , ,   |                          |  |  |  |  |
|     | No No  |                              |  |               |   |                          |  |  |  |  |
|     | Yes. Fill in the details.  |                              |  |               |   |                          |  |  |  |  |
|     | Person Who Was Paid  |                              | Description and value of any property transferred                      | •             | Date payment                                  | Amount of                |  |  |  |  |
|     | Address Email or website address   |                              | transferred  |               | or transfer was made                          | payment                  |  |  |  |  |
|     | Person Who Made the Payment, if Not Y  | ou '                         |  |               |   |                          |  |  |  |  |
|     | VLO PC   |                              |  |               | 06/29/2018                                    | \$999.00                 |  |  |  |  |
|     | 6732 Cermak Rd   |                              |  |               |   |                          |  |  |  |  |
|     | Berwyn, IL 60402   |                              |  |               |   |                          |  |  |  |  |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that  No Yes. Fill in the details.   | ditors o                     | r to make payments to your creditors?                                  | nalf pay oi   | transfer any prope                            | rty to anyone who        |  |  |  |  |
|     | Person Who Was Paid<br>Address   |                              | Description and value of any property transferred                      | ,             | Date payment<br>or transfer was<br>made       | Amount of payment        |  |  |  |  |
|     | VLO PC   |                              |  |               | 06/29/2018                                    | \$999.00                 |  |  |  |  |
|     | 6732 Cermak Rd   |                              |  |               | 00/20/2010                                    | ψοσοίσο                  |  |  |  |  |
|     | Berwyn, IL 60402   |                              |  |               |   |                          |  |  |  |  |
| 18. | Within 2 years before you filed for bankr transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have alm  | ı <b>r busin</b><br>s made a | ess or financial affairs? as security (such as the granting of a secur |               |   |                          |  |  |  |  |
|     | Yes. Fill in the details.  |                              |  |               |   |                          |  |  |  |  |
|     | Person Who Received Transfer Address   |                              | property transferred p   |               | ny property or<br>received or debts<br>change | Date transfer was made   |  |  |  |  |

Person's relationship to you

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Debtor 1 Salvador Castaneda

|  | _ '''  |                               |  |   |  |  |  |  |  |
|--|--|-------------------------------|--|---|--|--|--|--|--|
| Name of trust  | Description and  | value of the property trans   | sferred  | Date Transfer was made                        |  |  |  |  |  |
| Part 8: List of Certain Financial Accou  | nts, Instruments, Safe Depos                                     | it Boxes, and Storage Uni     | ts   |   |  |  |  |  |  |
| <ul> <li>Within 1 year before you filed for ban sold, moved, or transferred? Include checking, savings, money mathouses, pension funds, cooperatives</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> | arket, or other financial accou                                  | unts; certificates of depos   |  |   |  |  |  |  |  |
| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   | Last 4 digits of account number                                  | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |  |  |  |
| <ul> <li>21. Do you now have, or did you have wire cash, or other valuables?</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>   | cash, or other valuables?  |                               |  |   |  |  |  |  |  |
| Name of Financial Institution<br>Address (Number, Street, City, State and ZIP  | Who else had ac<br>Code) Address (Number,<br>State and ZIP Code) |                               | the contents   | Do you still have it?                         |  |  |  |  |  |
| <ul><li>22. Have you stored property in a storage</li><li>No</li><li>Yes. Fill in the details.</li></ul>   | e unit or place other than you                                   | ır home within 1 year befo    | re you filed for bankruptc                           | y?  |  |  |  |  |  |
| Name of Storage Facility<br>Address (Number, Street, City, State and ZIP   | Who else has or to it? Address (Number, State and ZIP Code)      |                               | the contents   | Do you still have it?                         |  |  |  |  |  |
| Part 9: Identify Property You Hold or C  | Control for Someone Else   |                               |  |   |  |  |  |  |  |
| 23. Do you hold or control any property t for someone.   | that someone else owns? Inc                                      | lude any property you bor     | rowed from, are storing fo                           | or, or hold in trust                          |  |  |  |  |  |
| ■ No<br>□ Yes. Fill in the details.  |  |                               |  |   |  |  |  |  |  |
| Owner's Name<br>Address (Number, Street, City, State and ZIP   | Where is the pro<br>(Number, Street, City,<br>Code)              |                               | the property   | Value   |  |  |  |  |  |
| Part 10: Give Details About Environmen   | ntal Information   |                               |  |   |  |  |  |  |  |
| For the purpose of Part 10, the following o  | definitions apply:   |                               |  |   |  |  |  |  |  |

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Salvador Castaneda

| 24. | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |  |  |                    |  |  |  |  |  |  |
|-----|---|--|--|--------------------|--|--|--|--|--|--|
|     | ■ No  |  |  |                    |  |  |  |  |  |  |
|     | Yes. Fill in the details.   |  |  |                    |  |  |  |  |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it                        | Date of notice     |  |  |  |  |  |  |
| 25. | Have you notified any governmental unit of any  | release of hazardous material?   |  |                    |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |  |                    |  |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                        | Date of notice     |  |  |  |  |  |  |
| 26. | Have you been a party in any judicial or adminis  | strative proceeding under any envi   | ronmental law? Include settlements a                     | nd orders.         |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |  |                    |  |  |  |  |  |  |
|     | Case Title<br>Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                                       | Status of the case |  |  |  |  |  |  |
| Par | 11: Give Details About Your Business or Con   | nections to Any Business   |  |                    |  |  |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy, d   | did vou own a business or have an  | v of the following connections to any                    | business?          |  |  |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a to  | •  |  |                    |  |  |  |  |  |  |
|     | ☐ A member of a limited liability company   | (LLC) or limited liability partnershi                                      | p (LLP)  |                    |  |  |  |  |  |  |
|     | ☐ A partner in a partnership  |  |  |                    |  |  |  |  |  |  |
|     | □ An officer, director, or managing executive of a corporation  |  |  |                    |  |  |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting or  | equity securities of a corporation   |  |                    |  |  |  |  |  |  |
|     | ■ No. None of the above applies. Go to Part 1   | 12.  |  |                    |  |  |  |  |  |  |
|     | Yes. Check all that apply above and fill in the   |  | <u>.</u>   |                    |  |  |  |  |  |  |
|     |   | scribe the nature of the business  | Employer Identification number                           |                    |  |  |  |  |  |  |
|     | Address<br>(Number, Street, City, State and ZIP Code)   | me of accountant or bookkeeper   | Do not include Social Security n  Dates business existed | umber or IIIN.     |  |  |  |  |  |  |
| 28. | Within 2 years before you filed for bankruptcy, dinstitutions, creditors, or other parties.   | lid you give a financial statement t                                       | o anyone about your business? Inclu                      | de all financial   |  |  |  |  |  |  |
|     | ■ No  |  |  |                    |  |  |  |  |  |  |
|     | Yes. Fill in the details below.   |  |  |                    |  |  |  |  |  |  |
|     | Name Address (Number, Street, City, State and ZIP Code)   |  |  |                    |  |  |  |  |  |  |
|     |   |  |  |                    |  |  |  |  |  |  |

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| Part 12: Sign Below   |      |
|---|------|
|   |      |
| I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answ | ers  |
| are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in conne         | ctic |
| with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  |      |

18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Salvador Castaneda Signature of Debtor 2 Salvador Castaneda Signature of Debtor 1 Date July 13, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this inform             | mation to identify your                              | case:                                       |  |  |
|---------------------------------|--|---|--|--|
| Debtor 1                        | Salvador Castane                                     |   |  |  |
|                                 | First Name   | Middle Name                                 | Last Name  | _  |
| Debtor 2<br>(Spouse if, filing) | First Name   | Middle Name                                 | Last Name  | _  |
|                                 |  |   |  |  |
| United States Ba                | ankruptcy Court for the:                             | NORTHERN DIS                                | FRICT OF ILLINOIS  | _  |
| Case number                     |  |   |  |  |
| (if known)                      |  |   |  | ☐ Check if this is an amended filing   |
|                                 |  |   |  | amended illing   |
|                                 |  |   |  |  |
| Official Fo                     | orm 108  |   |  |  |
| <b>Statemer</b>                 | nt of Intentio                                       | n for Indiv                                 | iduals Filing Under Cha  | pter 7 12/15   |
|                                 |  |   |  | -  |
|                                 | ividual filing under cha                             | •   | out this form if:  |  |
|                                 | e claims secured by yo                               |   |  |  |
|                                 | sed personal property a                              |   | ot expired.<br>you file your bankruptcy petition or by the d                                   | ate set for the meeting of creditors   |
|                                 | ever is earlier, unless th                           |   | e time for cause. You must also send copies  |  |
|                                 | eople are filing togethe                             | r in a joint case, bo                       | th are equally responsible for supplying corr  | ect information. Both debtors must   |
| _                               |  |   |  |  |
|                                 | and accurate as possib<br>our name and case nur      |   | needed, attach a separate sheet to this form   | i. On the top of any additional pages,   |
|                                 |  | ,   |  |  |
| Part 1: List Yo                 | our Creditors Who Hav                                | e Secured Claims                            |  |  |
|                                 |  | art 1 of Schedule D                         | : Creditors Who Have Claims Secured by Pro   | pperty (Official Form 106D), fill in the   |
| information be                  | elow.<br>editor and the property t                   | hat is collateral                           | What do you intend to do with the propert  | y that Did you claim the property  |
| ,                               |  |   | secures a debt?  | as exempt on Schedule C?   |
|                                 |  |   |  |  |
| Creditor's C                    | Chase  |   | ☐ Surrender the property.  | □ No   |
| name:                           |  |   | Retain the property and redeem it.   |  |
| Description of                  | 1060 Bark Ava Har                                    | nover Bark II                               | Retain the property and enter into a   | ■ Yes  |
| property                        | 1960 Park Ave Har<br>60133 Cook Coun                 | •   | Reaffirmation Agreement.   |  |
| securing debt:                  |  | -,  | ☐ Retain the property and [explain]:   |  |
| 3                               |  |   |  |  |
|                                 | our Unexpired Persona                                |   |  |  |
| For any unexpire                | ed personal property le<br>on below. Do not list rea | ase that you listed<br>Il estate leases. Un | in Schedule G: Executory Contracts and Und<br>expired leases are leases that are still in effe | expired Leases (Official Form 106G), fill<br>ct: the lease period has not vet ended. |
|                                 |  |   | the trustee does not assume it. 11 U.S.C. § 36   |  |
| Describe your u                 | inexpired personal pro                               | norty losses                                |  | Will the lease be assumed?   |
| Describe your d                 | iliexpired personal pro                              | perty leases                                |  | will the lease be assumed:   |
| Lessor's name:                  |  |   |  | □ No   |
| Description of lea<br>Property: | ased   |   |  | □ Vaa  |
|                                 |  |   |  | ☐ Yes  |
| Lessor's name:                  |  |   |  | □ No   |
| Description of lea              | ased   |   |  |  |
| Property:                       |  |   |  | ☐ Yes  |
| Lessor's name:                  |  |   |  | □ No   |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Del | otor 1              | Salvador Castaneda  | Case number (if known)   |                               |
|-----|---------------------|---|--|-------------------------------|
| Des | scription           | n of leased   |  |                               |
| Pro | perty:              |   |  | ☐ Yes                         |
|     | sor's na            | ame:<br>n of leased   |  | □ No                          |
|     | perty:              |   |  | ☐ Yes                         |
|     | sor's na            | ame:<br>n of leased   |  | □ No                          |
|     | perty:              |   |  | ☐ Yes                         |
|     | sor's na            | ame:<br>n of leased   |  | □ No                          |
|     | perty:              |   |  | ☐ Yes                         |
|     | sor's n             |   |  | □ No                          |
|     | scription<br>perty: | n of leased   |  | ☐ Yes                         |
| Par | t 3:                | Sign Below  |  |                               |
|     |                     | alty of perjury, I declare that I ha<br>nat is subject to an unexpired le | ve indicated my intention about any property of my estate that sec | cures a debt and any personal |
| X   | /s/ S               | alvador Castaneda   | x  |                               |
|     |                     | ador Castaneda<br>uture of Debtor 1                                       | Signature of Debtor 2  |                               |
|     | Date                | July 13, 2018   | Date   |                               |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-19735 Doc 1 Filed 07/13/18 Entered 07/13/18 17:25:09 Desc Main Document Page 43 of 46

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re  | Salvador Castaneda   |  | Case N   | 0.                       |                    |
|--------|--|--|--|--------------------------|--------------------|
|        |  | Debtor(s)  | Chapter  | <b>7</b>                 |                    |
|        | DISCLOSURE OF COM  | PENSATION OF ATTOI   | RNEY FOR I   | DEBTOR(S)                |                    |
|        | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the per rendered on behalf of the debtor(s) in contemplate  | filing of the petition in bankruptcy,  | or agreed to be pa   | aid to me, for service   |                    |
|        | For legal services, I have agreed to accept  |  | \$   | 999.00                   |                    |
|        | Prior to the filing of this statement I have received  |  |  | 999.00                   |                    |
|        | Balance Due  |  |  | 0.00                     |                    |
| 2. ′   | The source of the compensation paid to me was:   |  |  |                          |                    |
|        | ■ Debtor □ Other (specify):  |  |  |                          |                    |
| 3.     | The source of compensation to be paid to me is:  |  |  |                          |                    |
|        | ■ Debtor □ Other (specify):  |  |  |                          |                    |
| 4.     | ■ I have not agreed to share the above-disclosed c   | compensation with any other person   | unless they are m  | embers and associate     | es of my law firm. |
|        | ☐ I have agreed to share the above-disclosed compopy of the agreement, together with a list of the   |  |  |                          | ny law firm. A     |
| 5.     | In return for the above-disclosed fee, I have agreed   | to render legal service for all aspect   | s of the bankruptc   | y case, including:       |                    |
| 1      | <ul> <li>Analysis of the debtor's financial situation, and r</li> <li>Preparation and filing of any petition, schedules,</li> <li>Representation of the debtor at the meeting of cr</li> <li>Representation of the debtor in adversary procee</li> <li>[Other provisions as needed]</li> <li>Negotiations with secured creditors reaffirmation agreements and applic 522(f)(2)(A) for avoidance of liens or</li> </ul> | s, statement of affairs and plan which<br>reditors and confirmation hearing, and<br>edings and other contested bankrupto<br>to reduce to market value; executions as needed; preparation | may be required;<br>and any adjourned by<br>matters;<br>emption planning | nearings thereof;        | nd filing of       |
| б      | By agreement with the debtor(s), the above-disclose  | _  | service:   |                          |                    |
|        |  | a rec does not merade are rone wing  | , 501 11001  |                          |                    |
|        |  | CERTIFICATION  |  |                          |                    |
| this b | certify that the foregoing is a complete statement of ankruptcy proceeding.  | of any agreement or arrangement for  | payment to me for  | or representation of the | he debtor(s) in    |
| J      | uly 13, 2018   | /s/ Rayed Yasin  |  |                          |                    |
|        | ate  | Rayed Yasin Signature of Attorne VLO PC 6732 Cermak Berwyn, IL 60402 312-600-7000 Fa ryasin@victoryla Name of law firm   | x: 708-777-1638  | 3                        |                    |

## United States Bankruptcy Court Northern District of Illinois

| In re | Salvador Castaneda  |   | Case No.   |    |  |
|-------|---|---|------------|----|--|
|       |   | Debtor(s)   | Chapter 7  |    |  |
|       | VE  | RIFICATION OF CREDITOR M                                      | ATRIX      |    |  |
|       |   | Number of   | Creditors: | 10 |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |            |    |  |
| Date: | July 13, 2018   | /s/ Salvador Castaneda Salvador Castaneda Signature of Debtor |            |    |  |

Bank Of The West Attn: Bankruptcy 180 Montgomery Street 25th Floor San Francisco, CA 94104

Chase PO Box 9001871 Louisville, KY 40290

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

Citibank/The Home Depot Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Discover Financial Po Box 3025 New Albany, OH 43054

First National Bank Attn: Tina 1620 Dodge St Mailstop 4440 Omaha, NE 68197

Gateway One Lending & Finance Attn: Bankruptcy 160 North Riverview Dr. Ste 100 Anaheim, CA 92808

Syncb/Ashley Homestore Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Synchrony Bank/ JC Penneys Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896